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CONFIRMATION NO. 5014

|  |   |   |                        |                                       |
|--|---|---|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/506,664  | FILING OR 371(c)<br>DATE<br>05/02/2005<br>RULE  | CLASS<br>604  | GROUP ART UNIT<br>3761 | ATTORNEY<br>DOCKET NO.<br>POL0005-PCT |
| <b>APPLICANTS</b><br>Andrzej Czernecki, Warsaw, POLAND;<br>Wojciech Wyszogrodzki, Warsaw, POLAND;<br>Wojciech Sarna, Warsaw, POLAND;                         |   |   |                        |                                       |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/PL03/00019 03/05/2003  |   |   |                        |                                       |
| <b>** FOREIGN APPLICATIONS *****</b><br>POLAND P.352649 03/06/2002<br>POLAND P.352660 03/07/2002<br>POLAND P.352962 03/22/2002<br>POLAND P.355740 08/28/2002 |   |   |                        |                                       |
| <b>** SMALL ENTITY **</b>  |   |   |                        |                                       |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met  | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>POLAND  | SHEETS<br>DRAWING<br>4 | TOTAL CLAIMS<br>4                     |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |   |   |                        | INDEPENDENT CLAIMS<br>1               |
| <b>ADDRESS</b><br>28970  |   |   |                        |                                       |
| <b>TITLE</b><br>Device for puncturing patient's skin   |   |   |                        |                                       |
| FILING FEE RECEIVED<br>525   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                        |                                       |